

**Officeholder, Candidate,  
and Controlled Committee  
Campaign Statement — Long Form**

(Government Code Sections 84200-84216.5)  
SEE INSTRUCTIONS ON REVERSE

Type or Print in Ink.

Statement covers period

from 6-30-92

through 12-31-92

Date of Election  
if applicable:  
(Month, Day, Year)

Date Stamp  
RECEIVED  
JAN 30 11:11 AM  
CITY CLERK  
CITY OF LOS ANGELES

CALIFORNIA  
1991 FORM **490**

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A For Official Use Only

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement  
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)  
☒ Semi-annual Statement  
☐ Termination Statement (Attach a completed Form 415 to this statement.)

**I Officeholder, Candidate,  
and Controlled Committee  
Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE:

Phillip A. Pennino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Councilmember

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95242 (209) 942-1730

COMMITTEE NAME: ID NUMBER

Committee to Elect Phillip Pennino 90242

COMMITTEE ADDRESS (NO. AND STREET)

1502 Keagle Way

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi Ca 95242 (209) 942-1730

NAME OF TREASURER:

Matthew McGladdery

PERMANENT ADDRESS OF TREASURER: (NO. AND STREET)

751 Dorchester Circle

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi Ca 95240 (209) 334-3497

**II Other Committees Not Included in this Statement:** List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME:

ID NUMBER

NAME OF TREASURER:

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS: (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME:

ID NUMBER

NAME OF TREASURER:

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS: (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

**III Verification**

**Treasurer:**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/30/92 At Lodi California

By Matthew McGladdery  
SIGNATURE OF TREASURER

**Officeholder or Candidate:**

I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/30/92 At Lodi California

By Phillip Pennino  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

State of California Fair Political Practices Commission.

# Campaign Disclosure Statement Summary Page

Type or Print in Ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 6-30-92  
through 12-31-92

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Phillip A. Pennino

ID. NUMBER

902421

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3 \$	<u>0</u>	<u>6,229</u>	<u>6,229</u>
2. Loans Received ..... Schedule B, Line 7	<u>0</u>	<u>1,750</u>	<u>1,750</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2 \$	<u>0</u>	<u>7,979</u>	<u>7,979</u>
4. Non-monetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>1,158</u>	<u>1,158</u>
5. SUBTOTAL CONTRIBUTIONS (Excluding Enforceable Promises) .... Add Lines 3 + 4 \$	<u>0</u>	<u>9,137</u>	<u>9,137</u>
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) Schedule D, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
7. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 5 + 6 \$	<u>0</u>	<u>9,137</u>	<u>9,137</u>

## Expenditures Made

8. Cash Payments (Other than Loans Made) ..... Schedule E, Line 5 \$	<u>0</u>	<u>7,564</u>	<u>7,564</u>
9. Loans Made ..... Schedule H, Line 7	<u>0</u>	<u>0</u>	<u>0</u>
10. SUBTOTAL CASH PAYMENTS ..... Add Lines 8 + 9 \$	<u>0</u>	<u>7,564</u>	<u>7,564</u>
11. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 5	<u>0</u>	<u>0</u>	<u>0</u>
12. TOTAL EXPENDITURES MADE ..... Add Lines 10 + 11 \$	<u>0</u>	<u>7,564</u>	<u>7,564</u>

## Current Cash Statement

13. Beginning Cash Balance ..... Previous Summary Page, Line 17 \$	<u>415</u>
14. Cash Receipts ..... Column A, Line 3 above	<u>0</u>
15. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
16. Cash Payments ..... Column A, Line 10 above	<u>0</u>
17. ENDING CASH BALANCE ..... Add Lines 13 + 14 + 15, then subtract Line 16 \$	<u>415</u>

If this is a Termination Statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD  
NOT BE A NEGATIVE AMOUNT

\*From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Candidates in Both June and November Elections

	1/1 thru 6/30	7/1 to Date
21. Contributions Received ..... \$	<u>0</u>	<u>0</u>
22. Expenditures Made ..... \$	<u>0</u>	<u>0</u>

## Cash Equivalents and Outstanding Debts

19. Cash Equivalents ..... See instructions on reverse \$	<u>0</u>
20. Outstanding Debts ..... Add Line 2 + Line 11 in Column C above \$	<u>1,750</u>

**Schedule B — Part III**  
**Annual Report of Outstanding Loans Received**

Type or Print in Ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE B — PART III

Statement covers period

from 6-30-92

through 12-31-92

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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Phillip Pennino

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Phillip Pennino (Personal)	10/90	1,750 <sup>00</sup>	1750 <sup>00</sup>	0

Attach additional information on appropriately labeled continuation sheets

**TOTAL** : 1750<sup>00</sup>

NOTE: This total should be  
 the same amount as entered  
 on the Summary Page,  
 Column C, Line 2.